

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
16-059173

EVENT	Incident Type: 16-5-70 (3802) Cruelty to children				Counts: 1	Incident Code: 3802	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:
	Premise Type: COMMERCIAL				Weapon Type:	Forcible: Y	Stranger To Stranger: N	Male Motivated: <input type="checkbox"/>
VICTIM	Class Report: 6/19/2016 6:38:04 PM Incident Start: 6/15/2016 8:00:00 AM Incident End: 6/16/2016 8:00:00 PM Incident Location: 934 BRIARCLIFF RD ATLANTA GA 30306-							
	Name (Last, First Middle):				Monoher	DOB:	Age:	Sex:
						2005	11	M
	Address:				Home #:	Work #:	Cell #:	Email:
	ATLANTA GA 30306-							
	SSN:	Resident Status:	HGT:	WGT:	Hair Color: BROWN	Hair Style: STRAIGHT	Hair Length: SHORT	Eye Color: BROWN
	Occupation:	Employer:	Address:		Employer Phone:			
	Victim Type: PERSON/INDIVIDUAL (NOT Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Name of Victim's School: LEOKA Activity Type: LEOKA Assignment Type:							
	Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input checked="" type="checkbox"/> Other <input type="checkbox"/> Used <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computers							
	SMTs:							
OFFENDER	Relationship To Offenders: (1) OTHERWISE KNOW (2) (3) (4) (5) (6) (7) (8) (9) (10)							
	Offenses Involved: (1) 3802 (2) (3) (4) (5) (6) (7) (8) (9) (10)							
	Name:				Monoher	DOB:	Age:	Sex:
	UNKNOWN					00	F	B
	Address:				Home Phone:	Work Phone:	Cell Phone:	Email:
	SSN:	Resident Status:	HGT:	WGT:	Hair Color:	Hair Style: BRAIDED	Hair Length: LONG	Eye Color:
	Occupation:	Employer:	Address:		Employer Phone:			
	SMTs:							
	Offenses Involved: (1) 16-5-70 (3802) Cruelty to children 3802 (2) (3) (4) (5) (6) (7) (8) (9) (10)							
PROPERTY	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computers							
	TOTAL NUMBER ARRESTED: 0 ARREST AT OR NEAR OFFENSE SCENE Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>							
	VEHICLES		CURRENCY, NOTES, ETC.		JEWELRY, PREC. METALS		FURS	
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00
	CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC.		HOUSEHOLD GOODS	
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00
	RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00
	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER	
	STOLEN	\$0.00		\$0.00		\$0.00		\$0.00
RECOVERED	\$0.00		\$0.00		\$0.00		\$0.00	
ADM.	GOC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES							
	<div style="display: flex; justify-content: space-between;"> <div> DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div> <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown </div> </div>							
CLEAR DRUG	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE							
	REPORTING OFFICER Brim m				APPROVING OFFICER NUMBER 3295			

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

ADDITIONAL OFFENDERS

Case #:

16-039173

Name: UNKNOWN, [REDACTED] Moniker: DOB: Age: Sex: M Race: Ethnicity:

Address: Home Phone: Work Phone: Cell Phone: Email:

SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:

Occupation: Employer: Address: Employer Phone:

SMTs:

Offenses Involved:
(1) 16-5-70 (3802) Cruelty to children 3802 (2) _____
(3) _____ (4) _____
(5) _____ (6) _____
(7) _____ (8) _____
(9) _____ (10) _____

WANTED: ☐ WARRANT: ☐ ARREST: ☐ SUSPECT ARMED: WEAPON: Used: ☐ Drugs ☐ Alcohol ☐ Computer

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER ☐ YES ☐ NO
☐ 1 - Amphetamine ☐ 2 - Barbiturate ☐ 3 - Cocaine ☐ 4 - Hallucinogen ☐ 5 - Heroin
☐ 6 - Marijuana ☐ 7 - Methamphetamine ☐ 8 - Opium ☐ 9 - Synthetic Narcotic ☐ U - Unknown

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Address: Home Phone: Work Phone: Cell Phone: Email:

SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:

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SMTs:

Offenses Involved:
(1) 16-5-70 (3802) Cruelty to children 3802 (2) _____
(3) _____ (4) _____
(5) _____ (6) _____
(7) _____ (8) _____
(9) _____ (10) _____

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☐ 6 - Marijuana ☐ 7 - Methamphetamine ☐ 8 - Opium ☐ 9 - Synthetic Narcotic ☐ U - Unknown

Name: Moniker: DOB: Age: Sex: Race: Ethnicity:

Address: Home Phone: Work Phone: Cell Phone: Email:

SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLN #: State:

Occupation: Employer: Address: Employer Phone:

SMTs:

Offenses Involved:
(1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____
(7) _____ (8) _____
(9) _____ (10) _____

WANTED: ☐ WARRANT: ☐ ARREST: ☐ SUSPECT ARMED: WEAPON: Used: ☐ Drugs ☐ Alcohol ☐ Computer

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☐ 1 - Amphetamine ☐ 2 - Barbiturate ☐ 3 - Cocaine ☐ 4 - Hallucinogen ☐ 5 - Heroin
☐ 6 - Marijuana ☐ 7 - Methamphetamine ☐ 8 - Opium ☐ 9 - Synthetic Narcotic ☐ U - Unknown

DEKALB COUNTY POLICE DEPARTMENT
GA0440200
OTHER PERSONS

Case #:
16-059173

Involvement Type: COMPLAINANT										Name (Last, First Middle): [REDACTED]		Moniker		SSN:					
Address: [REDACTED]										Home #:		Cell #:		Work #:					
DOB:		Age:		Sex:		Race:		Ethnicity:		Resident Status:		Hair Color:		Eye Color:		HGT:		WGT:	
[REDACTED]		1966		49		F		W		H									
SMTs:																			
Email:										OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
[REDACTED]										7932096		AL							
Occupation:										Employer/School:		Address:		Employer Phone:					
Involvement Type: OTHER										Name (Last, First Middle): REDMON CAROLYN		Moniker		SSN					
Address: 934 BRIARCLIFF RD ATLANTA GA 30306-										Home #:		Cell #:		Work #: [REDACTED]					
DOB:		Age:		Sex:		Race:		Ethnicity:		Resident Status:		Hair Color:		Eye Color:		HGT:		WGT:	
				F		B													
SMTs:																			
Email:										OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Occupation:										Employer/School:		Address:		Employer Phone:					
SELF EMPLOYED										LAUREL HEIGHTS HOSPITAL									
Involvement Type:										Name (Last, First Middle):		Moniker		SSN					
Address										Home #		Cell #		Work #					
DOB:		Age:		Sex:		Race:		Ethnicity:		Resident Status:		Hair Color:		Eye Color:		HGT:		WGT:	
SMTs:																			
Email										OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Occupation:										Employer/School:		Address:		Employer Phone:					
Involvement Type:										Name (Last, First Middle):		Moniker		SSN					
Address										Home #		Cell #		Work #					
DOB:		Age:		Sex:		Race:		Ethnicity:		Resident Status:		Hair Color:		Eye Color:		HGT:		WGT:	
SMTs:																			
Email										OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Occupation:										Employer/School:		Address:		Employer Phone:					
Involvement Type:										Name (Last, First Middle):		Moniker		SSN					
Address										Home #		Cell #		Work #					
DOB:		Age:		Sex:		Race:		Ethnicity:		Resident Status:		Hair Color:		Eye Color:		HGT:		WGT:	
SMTs:																			
Email										OLN #:		State:		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Occupation:										Employer/School:		Address:		Employer Phone:					

DEKALB COUNTY POLICE DEPARTMENT**GA0440200****NARRATIVE**

Case #:

16-059173

Officer ID/Name:

3295

Brim j m

Date:

6/19/2016 6:52:06 PM

Approving Officer ID/Name:

Date:

Title:

INITIAL REPORT

On 6/19/2016 at approximately 1538 hours, I responded to 934 Briarcliff Rd (Laurel Heights Hospital) in reference to a child abuse call. See additional narrative for further.

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

NARRATIVE

Case #:

16-059173

Officer ID/Name

3295

Date

6/19/2016 6 54 27 PM

Approving Officer ID/Name

Date:

Title:

ADDITIONAL NARRATIVE

On 6/19/2016 at approximately 1538 hours, I responded to 934 Briarcliff Rd (Laurel Heights Hospital) in reference to a child abuse call. Upon my arrival, I spoke with Ms. [REDACTED] the complainant. [REDACTED] stated that her son, [REDACTED] was in the care of Alabama DHR and has been in the care of the staff of Laurel Heights Hospital since February 2016. [REDACTED] added that she has been coming to the location every other weekend to check to visit her son. Ms. [REDACTED] stated that on this date she came to see her son and observed a large bruise on his right and left lower rib cage. Ms. [REDACTED] additionally observed a scratch to her son's upper right rib cage near his armpit and a laceration on his left elbow. Ms. [REDACTED] added that [REDACTED] stated that the injuries were caused by staff at the location, as staff was pushing him "when he is bad." Ms. [REDACTED] attempted to ask [REDACTED] more about the incident but [REDACTED] stated "I can't tell you" or he wouldn't "be going home." Ms. [REDACTED] stated that she previously made a complaint about injuries [REDACTED] was suffering to the staff but said nothing was done with the situation. Ms. [REDACTED] added that [REDACTED] had not been eating very much lately and was continuing to suffer injuries and bruises. The complainant added that her son was being diagnosed for [REDACTED], and the [REDACTED]

I then spoke with [REDACTED] the victim. [REDACTED] stated that on 6/15/2016 at approximately 0800 hours he was in the cafeteria hallway near the seating, attempting to get some food. [REDACTED] stated that [REDACTED] (a female attendant with dreadlock like hair) pushed him up against a wall. [REDACTED] stated that the push caused the bruise to his left lower rib cage. [REDACTED] additionally advised that on 6/16/2016 at an unknown time, he was in Unit 1 attempting to enter a friend's room. While entering the room, [REDACTED] stated a second attendant, [REDACTED] pushed him against a wall causing the bruise on his right low rib cage. [REDACTED] additionally advised an abrasion on his right side and a laceration on his left elbow were a result of the incident.

[REDACTED] stated he was currently in the location due to his mental health and the fact that he was "grabbing knives." [REDACTED] stated the incidents occur because the attendants and nurses get upset because he refuses to do his hygiene duties. [REDACTED] added that during some of the incidents he begins yelling, cursing, and kicking. The victim advised that he understood the consequences of acting out and stated that the attendants will put him in a hold if he does act out, in order to calm him down. [REDACTED] stated that he is "sometimes calm and sometimes not calm" during these encounters. [REDACTED] added that attendants [REDACTED] and [REDACTED] have told him not to report the incidents or he would be held at the location for a longer period of time. The victim indicated that the abuse has been going on since he began his treatment at the facility. [REDACTED] stated that he received further injuries in the past.

Ms. Carolyn Redmon, a head nurse at the location, was advised of the situation and documenting the injuries during my investigation. Ms. [REDACTED] was provided a case number, a Victim Contact Card, and advised how to obtain a copy of the report, as well as additional legal remedies. Sgt. Godwin #2345 was advised of the incident. I also spoke with SVU Det. Lopez #984, who was advised of the situation.